



Developing and Using Functional Family and Child Outcomes

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Involve All Significant Caregivers



Outline

- How to find functional outcomes
 - And how not to
- How to find family outcomes
- How to use functional outcomes
 - And what not to do

How to Find Functional Outcomes



- You won't necessarily necessarily find them on on tests
- You won't necessarily necessarily find them by by asking families

Add a Functional, Family-Centered Needs Assessment

- Functional: Pertains to the family's daily routines routines
- Family-centered: Considers the family's concerns, concerns, priorities, and resources
 - Sound familiar?!
- Family-centered: Empowers the family to organize organize their thinking about what they want
- Needs assessment: The missing piece in our obsession about formal assessment

What Does Such an Assessment Look Like?

- Semi-structured, in-depth interview
 - Based on qualitative-research research methods to get rich rich and thick descriptions of of phenomena
- At least one adult serving in in a parenting role
- One or more professionals professionals
- This is not some quick and and dirty, 20-minute, discussion of “your typical typical day”!

Assessing What?

- Child
 - Engagement
 - Independence
 - Social relationships
- Family
 - Satisfaction with routines

Satisfaction With Routines

- How smoothly does the routine go?
- How easy is this time of day?
- How would you like it to be different?
- Rate it on a scale of 1-5

Who Does These Interviews

- Critical skills
 - Knowledge of child development
 - Normal and abnormal; disabilities
 - Knowledge of family functioning
 - Good conversational skills

Special Training?

- Increasingly, we are seeing the need for training in this area
 - RBI Boot Camp to be offered in Summer 2008
 - Leading to certification
- Anyone can be trained or train themselves
 - Service coordinators
 - Developmental therapists
 - Developmental specialists (evaluators)

Materials to Support Training

- Videotaped examples
- RBI Implementation Checklist

What Kind of
Outcomes Do
You Get?



Roberta's Priorities

1. Greater variety of foods
2. Roberta will exercise
3. More information about Jeremy
4. Roberta time for herself
5. Speaking clearly
6. Go places with Gabby—mall, overnight (not such a sheltered life)
7. Being flexible when she doesn't get her preferences preferences
8. Gabby: Increased conversations
9. Drinking from a cup without a lid

Roberta's Priorities

Greater variety of foods	Gabby will participate in mealtimes by eating 5 foods she currently does not eat within 1 week for 4 consecutive weeks
Roberta will exercise	Roberta will exercise at home for a total of 90 minutes a week for 4 consecutive weeks
More information about Jeremy	Roberta will have Jeremy scheduled for a diagnostic evaluation within 1 month
Roberta: time for herself	Roberta will spend a total of 2 hours a week doing things (or not) for herself, excluding exercise, for 4 consecutive weeks.
Speaking clearly	Gabby will participate in conversations with nonfamily members by speaking so she is understood the first time. We will know she can do this when she is not asked to repeat what she has said (because of speaking unclearly) in 3 conversations in a day for 1 week
Go places with her—mall, overnight (not such a sheltered life)	Roberta will go to the mall once every 2 weeks, on average, and once overnight every 3 months
Being flexible when she doesn't get her preference	Gabby will participate in games and mealtimes by saying (i.e., with words) what she wants once and then complying with the adult demand, without crying, 5 times in a week for 3 consecutive weeks
Gabby: increased conversations	Gabby will participate in bathtime, mealtimes, and hanging out times by talking to family members in conversations of four “turns” by Gabby, 3 times a week, for 3 consecutive weeks
Drinking from a cup without a lid	Gabby will participate in mealtimes by drinking from a cup without a lid with little spilling in 5 meals for one week

Research Results



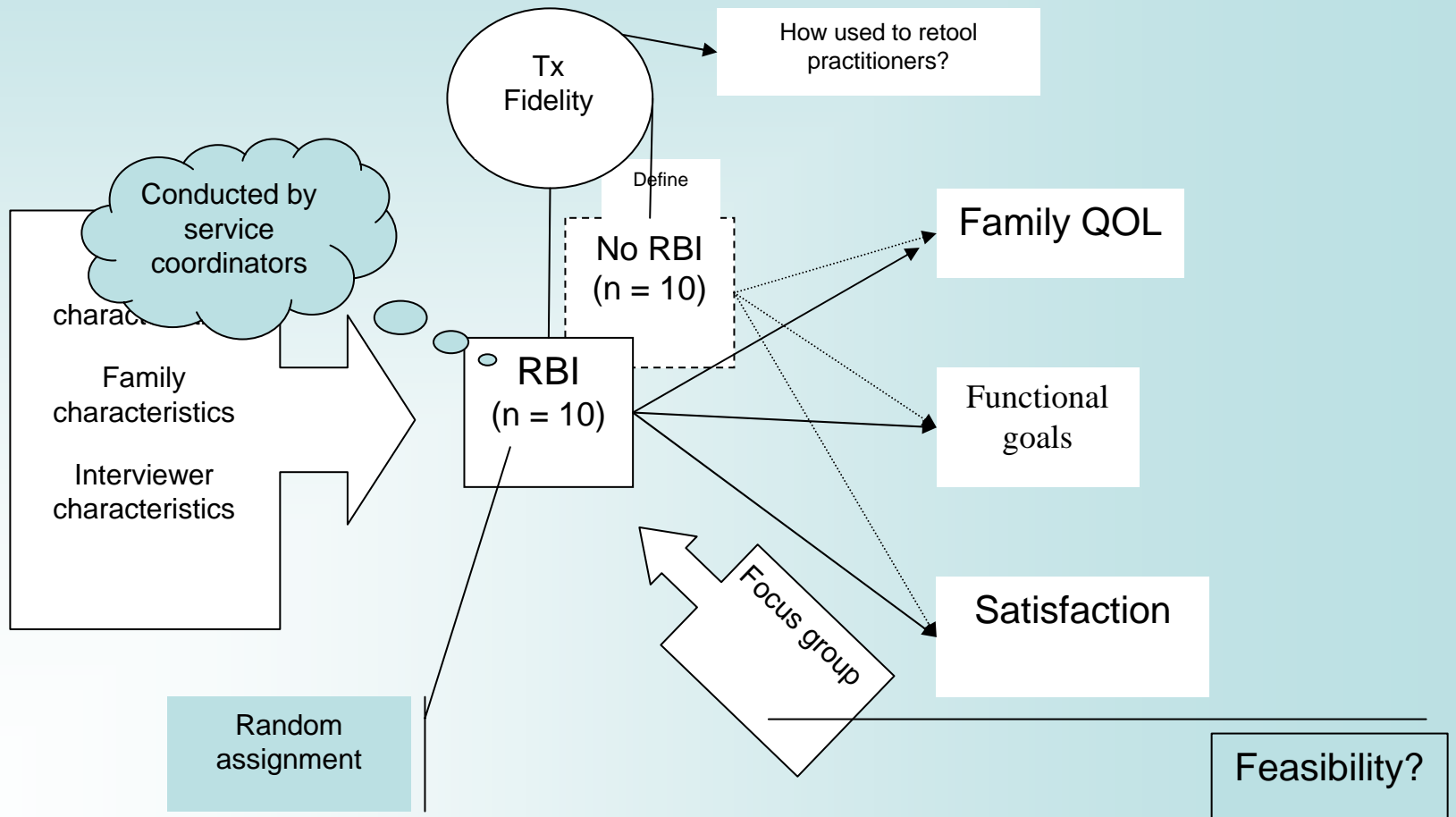
“Are you just pissing and moaning,
or can you verify what you’re saying
with data?”



Preliminary Study

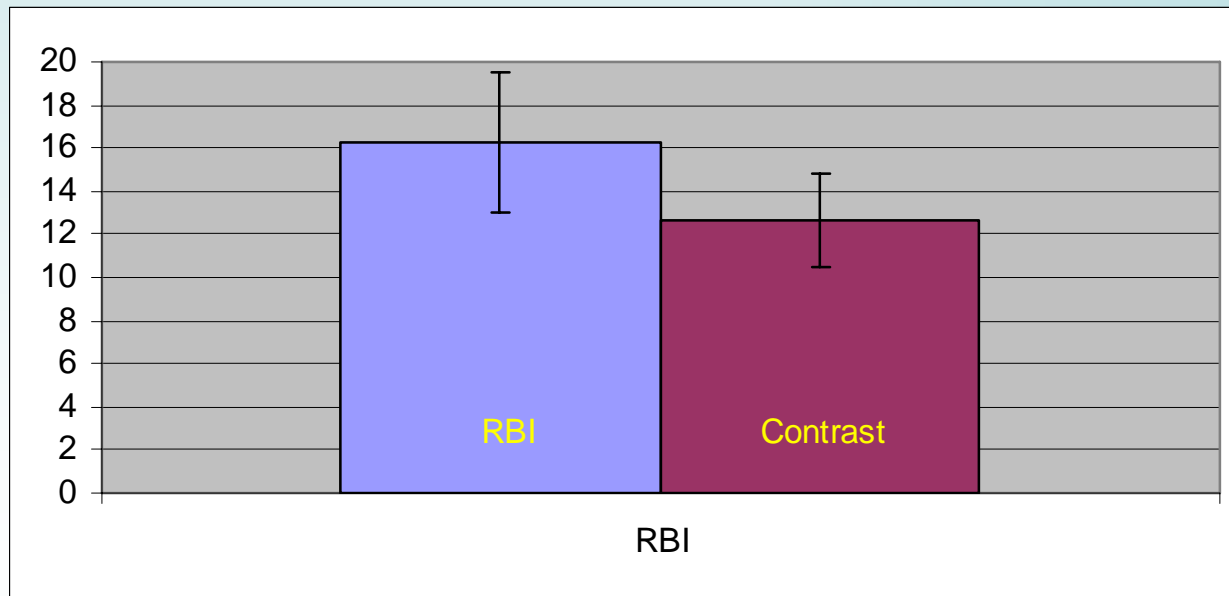
- “The Routines-Based Interview: Examination of an Intervention-Planning Method”
- Funded by the Vanderbilt Kennedy Center
Center for Research on Human Development
— Family Research Program

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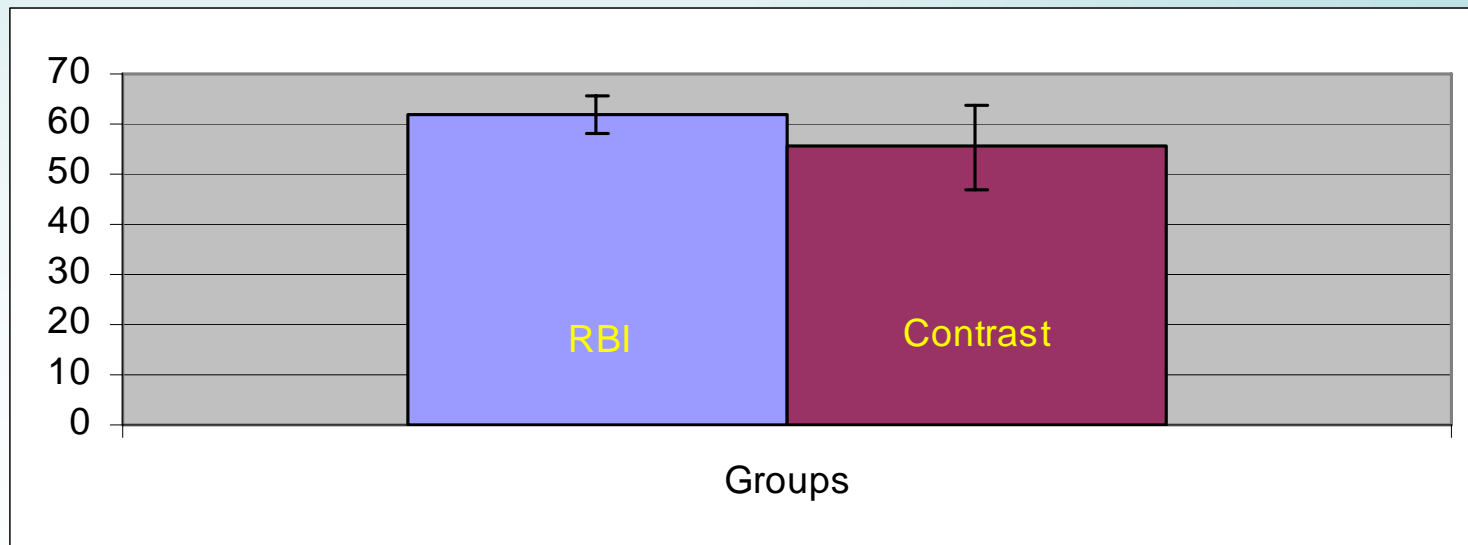
Faithful Implementation of the RBI Process or Not

- RBI group implemented the steps in the RBI process process more than did the contrast group ($d = 1.34$)



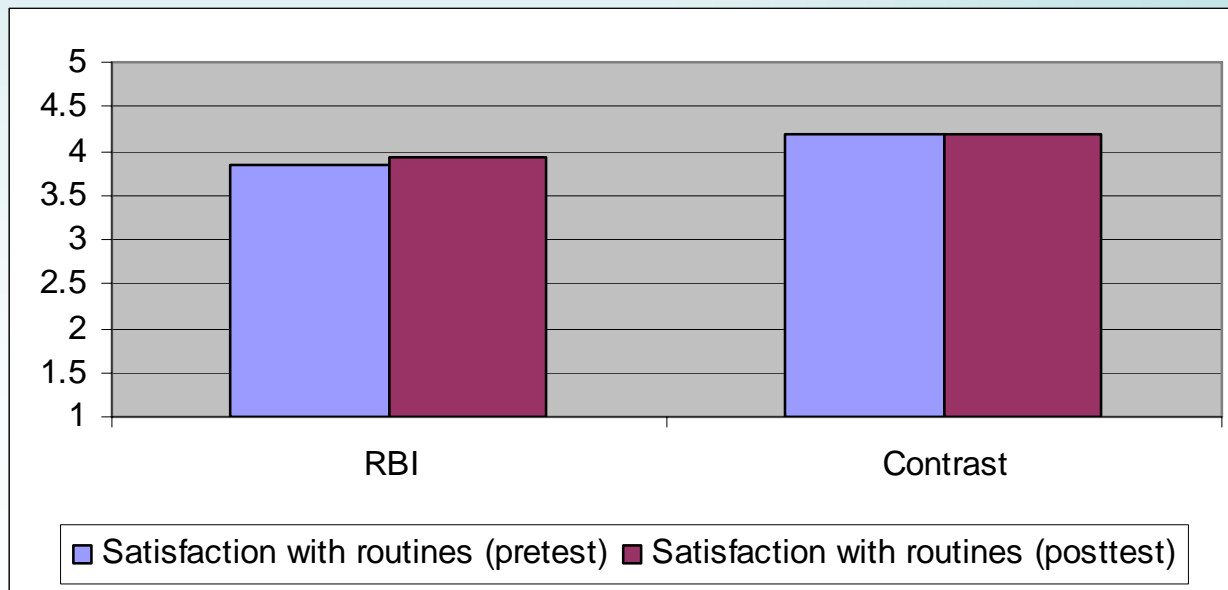
Satisfaction With IFSP Development

- RBI group more satisfied (max score = 75; $d = 1.05$)
- Contrast group had more variable responses; see *SD*



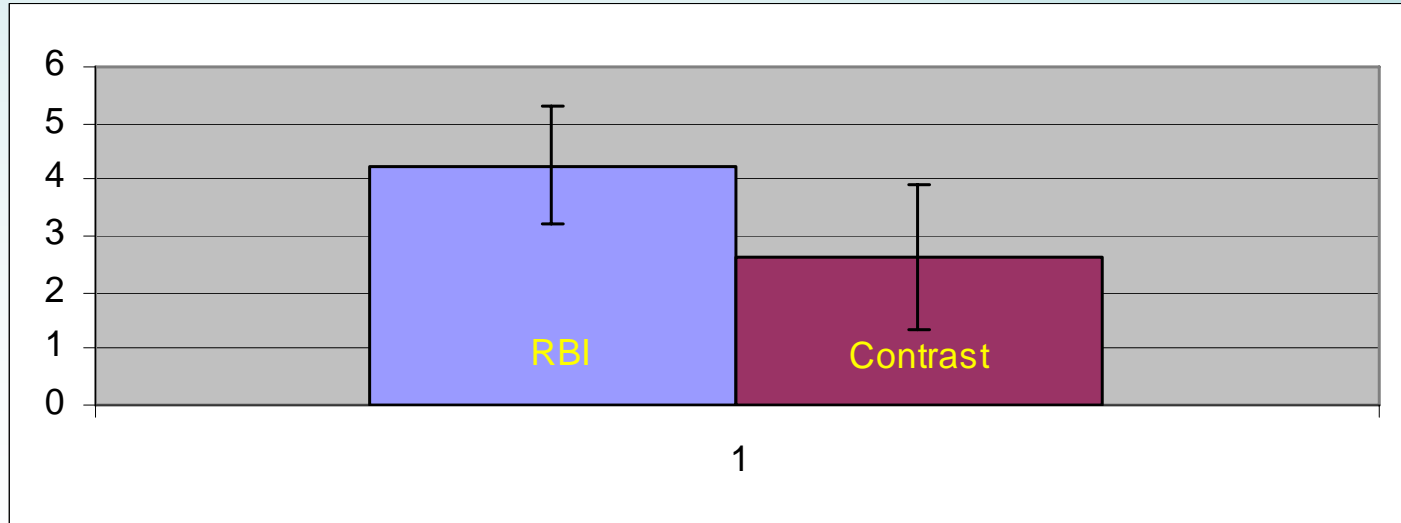
Satisfaction With Routines, Pre- Post

- Contrast group moderately more satisfied with routines at pretest and still at posttest
- No statistical difference between pre- and posttest posttest for either group



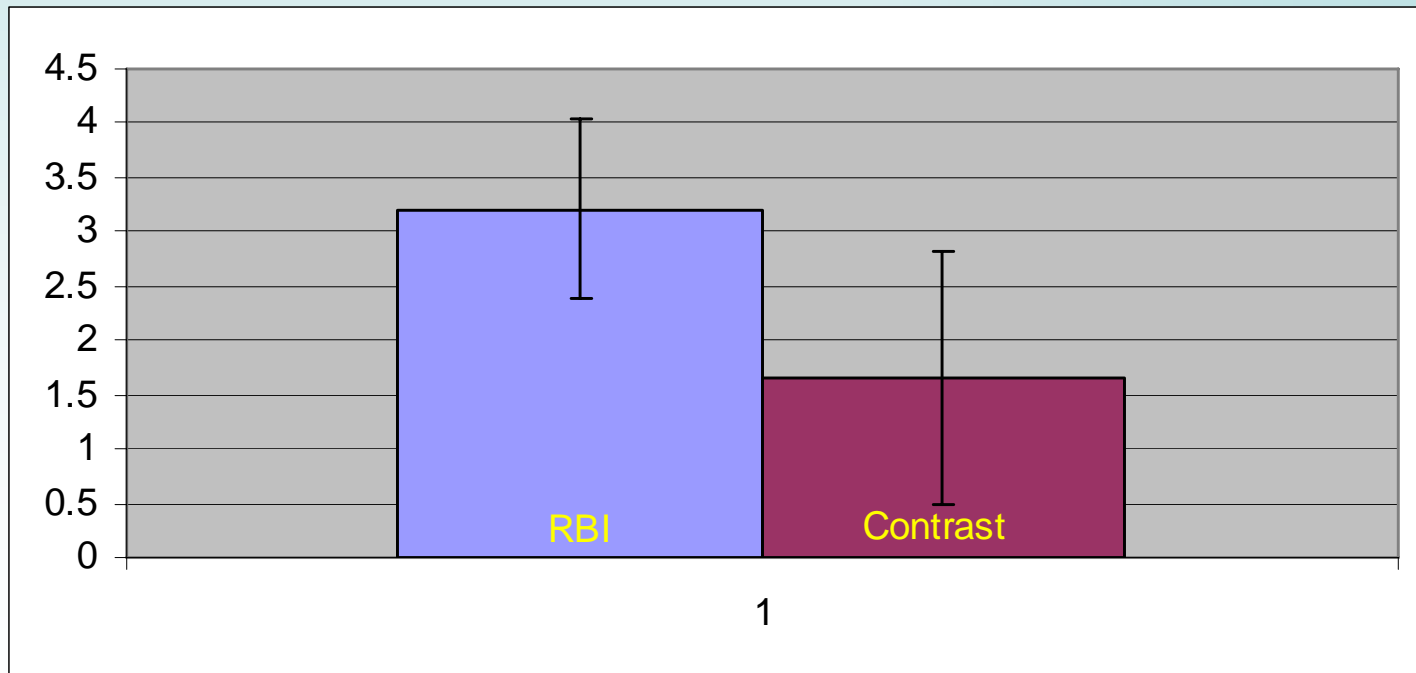
Number of Outcomes

- Greater as a result of the RBI than of the standard process process
- Still smaller than it should have been



Outcome Functionality

- More functional for the RBI group than for the contrast group
- Still unimpressive



Focus Group Findings

- Interpretations from multi-investigator examination examination of the group interview discussion
 1. Dedicated-service-coordinator model and vendor vendor system makes the RBI difficult
 2. Service coordinators believed the RBI had limited limited applicability or was irrelevant
 3. Interviewers lacked confidence in interviewing families but not in selling the value of the RBI
 4. Service coordinators spoke about families and early early intervention practices in ways that differed differed from recommended practices in the field field

Conclusions

- For implementation with fidelity, more extensive training is needed
- The range of knowledge and skills of potential interviewers is huge
 - Dedicated service coordinators often have large caseloads and little intervention experience
- Some interviewers might need support with the “elements” of functioning in routines to ask about about (e.g., AEPS)
- Further research can and should be done with these and other measures

New Needs Assessment Scale on the Horizon

- McWilliam Scale of Engagement in Routines Routines
- For 0-3 and 3-5
- In each routine, at least 5
 - Engagement items
 - Independence items
 - Social relationships items
- Rated from *Not at all typical* to *very typical*

Scoring of the Scale of Engagement in Routines

- Compute average rating for each routine
- Look at average ratings for E, I, and SR by routine and across routines
 - Note that these three dimensions are not mutually mutually exclusive

Use of Scale of Engagement in Routines

- Guides questions during the RBI
- Monitor child progress in terms of competence competence in routines
- Use E, I, and SR ratings to inform the reporting of federal child outcomes for early early intervention
- Use mean ratings as outcome of evaluation of evaluation of programs

Questions for Family-Level Outcomes

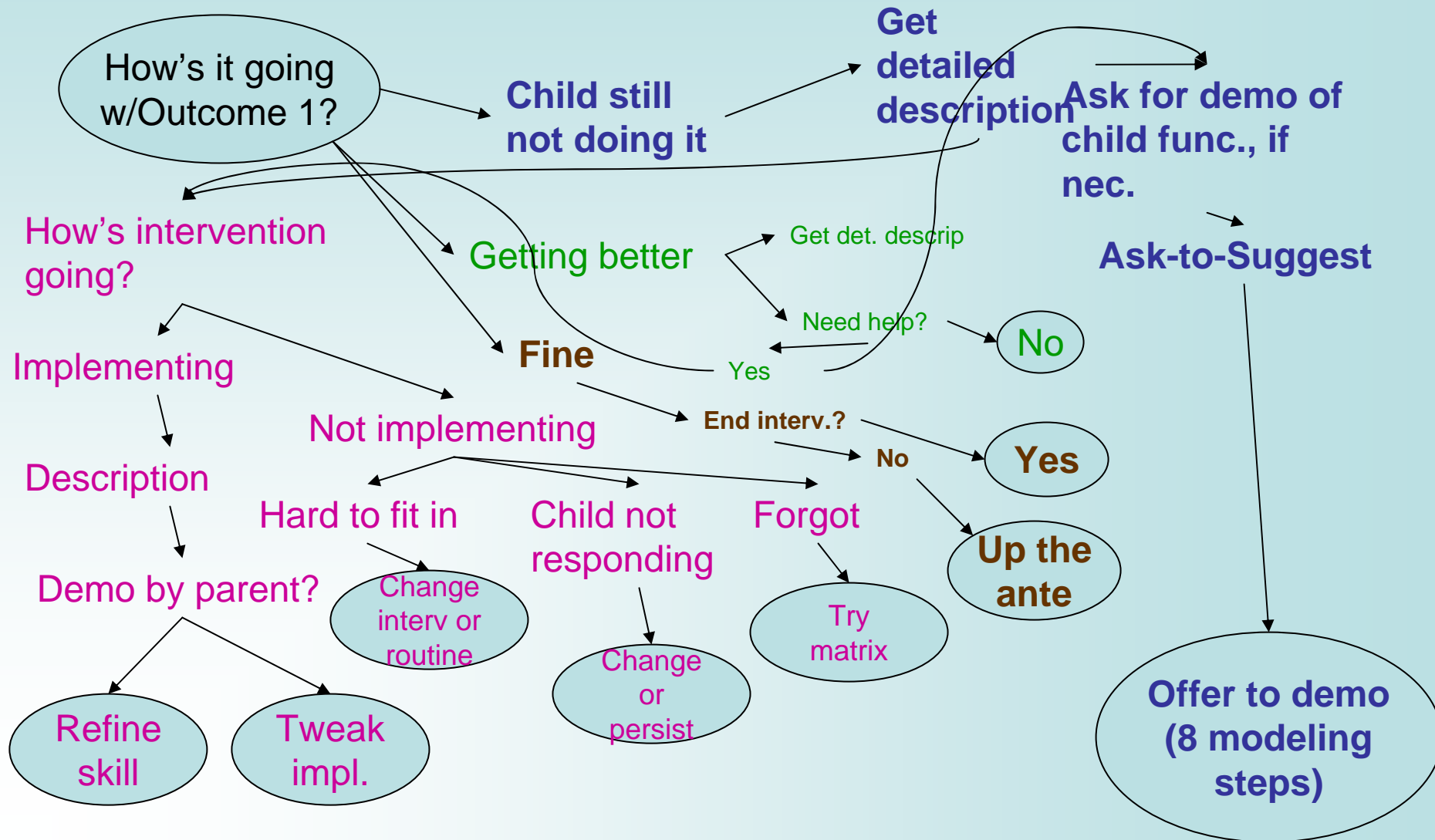
- During discussions of routines
 - Need for information
- Missing routines
 - Time for parent(s) alone
- The worry question
- The change question

How to Use Functional Outcomes

- Ditch the toy bag!
- Use the Vanderbilt Home Visit Script



Behavioral Consultation in the Context of Support-Based Home Visits



Meaning of Routines-Based Intervention



- Not
 - You have to visit at the natural time of the routine
 - You have to set up routines to add to the family's life
 - You have to get the family on a more structured schedule

Meaning of Routines-Based Intervention



- It does mean
 - Discussing child-level goals/outcomes in the context of routines
 - Solving problems with the demands of the routine in mind
 - Suggesting tweaks to existing routines

Typical Hour-Long Support-Based Home Visit

0-5	Greetings
6-10	Questions 1 & 2
11-15	Goal 1: Discussion
16-25	Demonstration & practice
26-35	Goals 2 & 5: Discussion
36-40	Goal 3: Discussion
46-55	Demonstration & practice
56-60	Review & farewell

Outcomes of Developing and Using Functional Family and Child Goals

1. Early intervention addresses needs the family really cares cares about
2. The child gets more intervention because natural caregivers caregivers can do more
3. Don't need weekly home visits from multiple providers, providers, *even though more outcomes are being addressed addressed*
4. Real child development needs are addressed versus high high focus on toy play
5. Family-level needs are addressed, as the law intended
6. Families learn how children learn (and therefore how services work)—parenting self-efficacy

Greater Nashville Recommended Practices Pilot Project

1. Intake
2. Decide on MLPSP
3. Determine delay, if necessary
4. SC & MLPSP do RBI
5. Use incremental approach to decide on on services
6. Recruit other service providers, telling them we're using the the PSP model
7. Begin weekly HVs from PSP
8. Consults with other team members might might involve informal informal or formal assessment

Stressors, like having many children, could influence families' interventions with their children

